



STATE OF UTAH  
NATURAL RESOURCES  
UTAH WILDLIFE RESOURCES

1594 West North Temple, Suite 2110  
P. O. Box 146301  
Salt Lake City, Utah 84114-6301

## GRAMA REQUEST FOR RECORDS

Government Records Access and Management Act

**FAX No. 801-538-4745**

Please submit your Grama request for records to the **Utah Division of Wildlife Resources** government office at the address or fax number provided on this form. **Note:** *Administrative service fees are assessed for excessive postage and paper copies and/or staff time to search, retrieve, summarize, compile and/or tailor records for all requests of division information.*

Description of records sought (*records must be described adequately*):

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I would like the records in the following format: ☐ ASCII Text File ☐ Excel Spreadsheet  
☐ CD ROM ☐ Hard Copy

☐ MAIL ☐ FAX ☐ EMAIL Email Address: \_\_\_\_\_

- ☐ I would like to inspect the records.
- ☐ I would like to receive a copy of the records. I understand that I will be responsible for copy costs as well as actual expenses incurred in providing the record. I authorize costs up to \$ \_\_\_\_\_.
- ☐ I would like to receive a copy of the records and request a waiver of copy costs because:
- ☐ Release of the records primarily benefits the public rather than me.
  - ☐ I am the subject of the record.
  - ☐ I am the authorized representative of the subject of the record.
  - ☐ My legal rights are directly affected by the record and I am impecunious.  
(Please attach information supporting your request for a waiver of fees.)

If the requested records are not public, please explain why you believe you are entitled to access.

- ☐ I am the subject of the record.
- ☐ I am the person who provided the information.
- ☐ I am authorized to have access by the subject of the record or by the person who submitted the information. (Please attach documentation required by U.C.A. 63-2-202).
- ☐ Other. Explain: \_\_\_\_\_

- ☐ I am requesting expedited response. Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to an expedited response under U.C.A. 63-2-204(3).

My name is: \_\_\_\_\_

Business / Organization: \_\_\_\_\_

My address is: \_\_\_\_\_  
(Street) (City) (State) (Zip)

My day time telephone number is (include area code): ( ) \_\_\_\_\_ Fax No. ): ( ) \_\_\_\_\_

Signature

Date